

NOTICE OF PRIVACY PRACTICES

FOCUS

PHYSICAL THERAPY

This statement is intended to describe how medical information about you may be used and disclosed and how you may gain access to this information. It will also describe the procedures and practices that this clinic and its professional, support and administrative staff follow to protect the privacy of your Protected Health Information (PHI). Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical and dental records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse Protected Health Information (PHI).

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

This Notice of Privacy Practices applies to the information and records we have about your health, status and the health care and services you received at this office. Your PHI may include information created and received by this office, it may be in the form of written or electronic records or spoken words, and it may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

Focus Physical Therapy, Inc. is required by law to provide this notice to you.

Use and Disclosure

We may use and/or disclose your PHI for the following reasons:

Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose PHI about you to physicians, nurses, technicians, office staff or other personnel who are involved in coordination or management of your health care. For example, the physician who referred you for physical therapy may be treating you for a medical or orthopedic condition or any other health problems that could complicate your treatment. We may use your medical history to determine the best treatment options for you. We will consult with your physician and send reports about your treatment/progress in an effort to provide the most appropriate care for you.

Different personnel in our clinic may share information about you and disclose information to others who do not work in our clinic in order to coordinate your care, such as telephoning your physician for required information. Family members and other health care providers may be part of your physical therapy outside this office which may require us to provide additional information about you.

Payment: We may need to disclose health information about you in order to bill your health plan or insurance company or other third party for your treatment in clinic. We may also need to contact your health plan or insurance company about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will pay for the treatment.

Health Care Operations: We may use and disclose PHI in order to manage the clinic and ensure that you and our other patients receive quality care. For example, we may use your PHI to evaluate the performance of our staff in caring for you. We may also use PHI about all or many of our patients to help us decide what additional services we should offer, how we may become more efficient and to determine which treatments are most effective for certain conditions. We may also disclose your PHI to your health plan or providers that care for

you in order to help these plans and providers evaluate or improve care, reduce cost, coordinate and manage health care and services or to train staff and meet compliance guidelines.

Appointment Reminders: We may contact you at home or work and/or leave messages with whoever answers the call to remind you of your upcoming appointments. When necessary, we may also mail a postcard reminder to your home address.

Treatment Alternatives: We may provide information or recommend possible treatment options or alternatives that may interest you.

Health-Related Products and Services: We may tell you about health-related products or services that may interest you or aide in your recovery or rehabilitation. We may also mail information on upcoming classes or seminars to your home address or email address if provided to us.

Please notify us if you do not wish to be contacted for appointment reminders, do not wish to receive communication about alternative treatment options or information about health-related services or products. Upon receipt of this request, we will not use or disclose your PHI for these purposes.

Other Circumstances

We may disclose your PHI for the following purposes, in accordance with local, state and federal guidelines/regulations:

To Avert Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public.

As Required by Law. We will disclose your PHI when required to do so by local, state and federal law.

For Research. We may use and disclose PHI for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other demographic information that may reveal who you are.

Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, part of the national security or intelligence communities, we may be required by military command or other government authorities to release your PHI. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks. We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or to report suspected abuse or neglect, non-accidental physical injuries or problems with products.

Health Oversight Activities. We may disclose health information to a health oversight agency for audits, investigation, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information in response to a subpoena.

Law Enforcement. We may release health information if requested to do so by law enforcement agencies or officials in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary in the identification of a deceased individual or to determine the cause of death.

Information Not Personally Identifiable. We may use or disclose your PHI in a way that does not personally identify you or reveal your identity.

Family and Friends. We may disclose your PHI to your family members or friends upon receipt of your verbal agreement or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose PHI to your family or friends if we are able to infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your PHI to your spouse when he/she is in the treatment room while treatment or diagnosis is being discussed.

In situations where you are not capable of giving consent (due to your incapacity of medical emergency) we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your case.

Non-Custodial Parent. We may disclose PHI about a minor child equally to the custodial and non-custodial parent unless a court order limits the non-custodial parent's access to the information.

Other Uses and Disclosures Pursuant To Your Signed Authorization

We will not use or disclose your PHI for any purpose other than those identified in the previous sections without your specific, written authorization. If you sign an authorization for us to use or disclose PHI, you may revoke said authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, however, we cannot rescind any uses or disclosures already made with your permission.

Your Rights Regarding Your Health Information

You have the following rights regarding the PHI we maintain about you.

Right to Inspect and Copy. You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to the Director of Operations/Human Resources in order to inspect and/or copy records of your protected health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

We may also deny your request to inspect and/or copy records in certain, limited circumstances. If you are denied copies of or access to your PHI you may ask that the denial be reviewed. If the law provides you a right to have the denial reviewed, we will select a licensed health care professional to review your request and the denial. The person responsible for conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

Right to Correct. If you believe health information we have about you is inaccurate or incomplete, you may ask that we amend the information. You have the right to request a correction of the information so long as the information remains within this clinic.

To request a correction, please submit your request in writing to the Director of Operations/Human Resources. We may deny your request for an amendment if your request is not in writing or does not support the request. In addition, we may deny your request if you ask us to correct information that:

- We did not create, unless the person or entity that created the information is no longer available to make the correction;
- Is not part of the health information that we maintain;
- You would not be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures”. This a record of the disclosures we made of the medical information about you for purposes other than treatment, payment, health care operations and a limited number of special circumstances involving national security, correctional institutions and law enforcement agencies. The records may also exclude any disclosures we have made based on your written authorization.

To obtain this accounting, you must submit your request in writing to the Director of Operations/Human Resources. Your request must state the time period for which you want an account of. The time period may not be longer than six (6) years and may not include dates before January 2005. Your request should indicate in what form you wish to receive the list (paper or electronically). The first list you request within a 12-month period will be free of charge. For each additional list, we may charge a fee. We will notify you of the associated cost and you may elect to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you may ask that we not use or disclose information regarding a surgery that you had previously had. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information,

To request restriction, please submit request in writing to the Director of Operations/Human Resources.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain manner or at a certain location. For example, you may ask that we only contact you at work or by email. Should you elect to receive confidential communication, you must submit in writing, your request to the Director of Operations/Human Resources. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you prefer to be contacted.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it via electronic format, you are entitled to a paper copy.

Changes to this Notice

We reserve the right to change this notice, and to make the revised or changed notice effective at our discretion. We will post the current notice or a summary of in the office with its effective date posted in the footer at the bottom right hand side of this page. You are entitled to a copy of the notice currently in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our clinic, please contact the Director of Operations/Human Resources. You will not be penalized or receive any retaliatory action for filing a complaint.

All questions or concerns about this Notice of Privacy Practices should be directed to:

Focus Physical Therapy, Inc.
Director of Operations/Human Resources
901 NW Carlon Avenue, Suite 3
Bend, OR 97701
541-385-3344

This notice replaces any existing notice and is effective February 18, 2010.